

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/09/2021
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NAME OF PROVIDER OR SUPPLIER

NASHVILLE CENTER FOR REHABILITATION AND HEALING LL

STREET ADDRESS, CITY, STATE, ZIP CODE

832 WEDGEWOOD AVENUE
NASHVILLE, TN 37203

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F 000 INITIAL COMMENTS

F 000

F 656
SS=D

An investigation of complaints TN00055713 and TN00055856 was conducted on 12/9/2021 at Nashville Center for Rehabilitation and Healing. Health deficiencies were cited in relation to the investigation under 42 CFR Part 483, Requirements for Long Term Care Facilities. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)

F 656

Please accept this Plan of Correction as our credible allegation of compliance.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the facts alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of state and federal law.

F 656 (D) - CFR(s): 483.21(b)(1) - Develop / Implement Comprehensive Care Plan

1. Corrective Actions:

A review of the interventions in place for Resident #2 was completed and all current interventions were added to the comprehensive care plan to accurately reflect all care being provided. All resident comprehensive care plans have been reviewed to confirm they accurately reflect the care and interventions currently in place.

2. Identification of Other Residents Potentially Affected:

All residents have the potential to be affected by this alleged deficient practice.

§483.21(b) Comprehensive Care Plans
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv) In consultation with the resident and the resident's representative(s)-

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JAN 2 5 2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation and interview, the facility failed to update care plans for 1 or 3 sampled residents (Resident # 2), which had the potential to result in unmet care needs. Review of the facility's undated policy titled, "Care Plans, Comprehensive Person-Centered," revealed, "...a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident...the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment...reflect treatment goals, timetables and objectives in measurable outcomes...the interdisciplinary team must review and update the care plan...when there has been a significant change in the resident's condition..." Review of the medical record revealed Resident #2 was admitted to the facility on 4/14/2020 with a diagnoses which included Nondisplaced Fracture	F 656	3. Measures / Systemic changes to Prevent Reoccurrence: Director of Nursing or designee will audit a sample of residents monthly to identify any interventions in place that are not accurately described in the comprehensive care plan. Director of Nursing will educate MDS staff to ensure consistency in the accuracy of resident care plans. 4. Continuous Quality Improvement: The Director of Nursing / Designee will monitor resident comprehensive care plan accuracy for compliance. Report of findings will be presented at monthly QAPI Meeting for 3 months. Completion Date: 5. 1/7/2022		

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F 656	<p>Continued From page 2</p> <p>of Upper End of Right Humerus, Dementia, COPD (Chronic Obstructive Pulmonary Disease), Chronic Respiratory Failure, Emphysema, CKD (Chronic Kidney Disease) stage 3, and Adult Failure to Thrive.</p> <p>Review of the Significant Change MDS assessment dated 11/18/2021 revealed Resident #2 had a BIMS (Brief Interview for Mental Status) score of 3 indicating severe cognitive decline. Continued review of the MDS (Minimum Data Set) revealed she required limited to extensive assistance for ADL (Activities of Daily Living) care. Resident #2 was able to walk with limited assistance of one person. Balance during transitions and walking revealed Resident #2 was not steady, only able to stabilize with staff assistance. Further review of the nutritional status for section K of the MDS revealed she had a significant weight loss over the past 6 months. Further review of the MDS revealed Resident #2 received a mechanically altered diet. Continued review of section M of MDS revealed she had an unhealed unstageable pressure ulcer and received a pressure reducing device for bed, nutrition interventions, and pressure ulcer care. Review of the Quarterly MDS assessment dated 10/26/2021 also revealed in section M Resident #2 has an unhealed pressure ulcer.</p> <p>Review of the Care Plan dated 11/6/2021 revealed a plan of care to address skin integrity-actual pressure injury present upon admission related to decrease in mobility 11/6/21 right elbow-unstageable. Further review of the skin integrity Care Plan revealed only three interventions related to administer treatments, educate resident/family/caregivers as to cause of skin breakdown, and monitor for signs and</p>		F 656		

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F 656	Continued From page 3 symptoms of infection. During an interview with wound nurse on 12/9/2021 at 11:00 AM, this surveyor asked nurse to review Skin Integrity Care Plan for Resident #2. Wound Nurse reviewed the three interventions noted for the Care Plan. Wound Nurse was asked if Care Plan reflected all interventions used to treat the resident's pressure ulcer, she stated, "No." Wound Nurse confirmed Care Plan was not updated to reflect the positioning pillows used, encouraging resident to get up from bed, wound order changes, or the supplements dietitian ordered to help with healing. Wound nurse confirmed Care Plan was not updated to reflect needed interventions and changes with the wound.	F 656	F 689 (D) – CFR(s): 483.25(d)(1)(2) Free of Accident Hazards / Supervision / Devices 1. Corrective Actions: Cleaning products in the room of Resident #2 removed by nursing. All areas assessable by residents have been searched for cleaning products and no additional products found. 2. Identification of Other Residents Potentially Affected: All residents have the potential to be affected by this alleged deficient practice.		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation, and interview, the facility failed to ensure chemicals were out of Resident's reach for 1 of 3 sampled residents (Resident #2) which had the potential to harm 14 residents on 600 hall who wander.	F 689	3. Measures / Systemic changes to Prevent Reoccurrence: Environmental Services Director has educated staff on policy and standards related to chemicals in residential areas. All Staff have been educated to monitor and remove any cleaning products left unattended and report to the Director of Nursing. 4. Continuous Quality Improvement: The Director of Environmental Services / Designee will monitor resident accessible areas for unattended cleaning products. Report of findings will be presented at monthly QAPI Meeting for 3 months. Completion Date: 5. 1/7/2022		

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F 689	Continued From page 4 Review of the facility's undated policy titled, "Accidents and Incidents-Investigating and Reporting," revealed, "...All accidents or incidents involving residents, employees, visitors, vendors...occurring on our premises shall be investigated and reported to the Administrator...Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident...the date and time the accident or incident took place...the nature of the injury/illness...the circumstances surrounding the accident or incident...where the accident or incident...the name of witnesses and their accounts of the accident or incident...the injured person's account of the accident or incident...the time the injured person's Attending Physician was notified...the date/time the injured person's family was notified and by whom...the condition of the injured person, including his/her vital signs...any corrective action taken...follow up information...The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall completed a Report of Incident/Accident form and submit the original to the Director of Nursing within 24 hours of the incident or accident...the director of nursing shall ensure that the Administrator receives a copy of the Report of Incident/Accident form for each occurrence...Incident/Accident reports will be reviewed by the Safety Committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities..." Review of the safety data sheet for "Odor Gone Concentrate," revealed, "...odor gone	F 689			

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F 689	Continued From page 5 concentrate...water-based alkali detergent...eye irritation - Category 2...if in eyes : rinse cautiously with water for several minutes, remove contact lenses, if present and easy to do continue rinsing...if eye irritation persists get medical attention...warning may be harmful if swallowed...eye irritant...eyes: rinse cautiously with water for several minutes...skin: wash with plenty of soap and water...inhalation: remove person to fresh air and keep comfortable for breathing...call poison center or a doctor if you feel unwell...ingestion: may be harmful if swallowed...seek medical attention immediately...do not use of store near heat, sparks, or open flame...store in a cool, dry place...do not get in eyes, on skin or on clothing...keep out of reach of children..." Review of the medical record revealed Resident #2 was admitted to the facility on 4/14/2020 with a diagnoses which included Nondisplaced Fracture of Upper End of Right Humerus, Dementia, COPD, Chronic Respiratory Failure, Emphysema, CKD stage 3, and Adult Failure to Thrive. Review of the Significant Change MDS assessment dated 11/18/2021 revealed Resident #2 had a BIMS score of 3 indicating severe cognitive decline. Continued review of the MDS revealed she required limited to extensive assistance for ADL care. Resident #2 was able to walk with limited assistance of one person. Balance during transitions and walking revealed Resident #2 was not steady, only able to stabilize with staff assistance.	F 689			

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F 689

Continued From page 6

During an observation on 600 hall on 12/9/2021 at 11:38 AM Housekeeping was noted cleaning in Resident #2's room. When this surveyor saw housekeeping had left the room surveyor went to Resident #2's room for another interview. When arriving into room 606 B at 11:40 AM this surveyor noted Sani Chem Odor Gone solution sitting on the air conditioning unit next to window. Surveyor stayed at Resident #2's door way in view of Sani Chem Odor Gone solution awaiting to see if housekeeping would come back to pick up solution. The housekeeper noted to leave hall at 12:04 PM. Surveyor called LPN #2 to room 606 B. LPN #2 was asked if solution should be left in room and LPN #2 confirmed it is a safety concern for a confused resident. LPN #2 immediately removed solution at 12:06 PM and placed solution in a secured area.

During interview with Housekeeper #1 on 12/9/2021 at 11:53 Surveyor # 45221 asked her about chemicals being in room 606 B. Housekeeper #1 stated, "I did not mean to leave it in there, I normally keep it on my cart." Housekeeper #1 verified she had been trained that chemicals should not be left where accessible to the residents.

F 689